|                |                                                                                 | Filing Fee \$10.00                                            |
|----------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|
| LIM            | ITED LIABILITY PARTNERSHIP                                                      |                                                               |
|                | STATE OF MAINE                                                                  |                                                               |
| AM             | IENDED ANNUAL REPORT                                                            |                                                               |
|                |                                                                                 |                                                               |
|                | (Name of Limited Liability Partnership)                                         | Deputy Secretary of State                                     |
|                | 31 MRSA §873-A, the undersigned limited liability p                             | partnership executes and delivers the following Amended Annua |
| Report: FIRST: | The jurisdiction of its organization is                                         |                                                               |
| SECOND:        | The original annual report was filed on (date)                                  |                                                               |
| ΓHIRD:         | The information has changed as follows (attach additional pages, if necessary): |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |
|                |                                                                                 |                                                               |

• An amended annual report may be filed by the limited liability partnership to change information currently on file. The time for filing an amended annual report is from the date of the original filing until December 31<sup>st</sup> of that filing year.

This information changed on (date)

• If you are changing a partner, you must provide the name, title and complete physical address of this individual. Additionally, you must provide the information currently on file and indicate how it changed.

**FOURTH:** 

| DATED                             |                                   |
|-----------------------------------|-----------------------------------|
| Partner(s)*                       |                                   |
| rai tuei (s)                      |                                   |
| (signature)                       | (type or print name and capacity) |
| For Partner(s) which are Entities |                                   |
| Name of Entity                    |                                   |
| By(authorized signature)          | (type or print name and capacity) |

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

<sup>\*</sup>Certificate **MUST** be signed by

<sup>(1)</sup> at least one partner OR

<sup>(2)</sup> any duly authorized person.